Substitute fo	or form 1449A&B/PTO			Complete if Known		
	,				10/045,633	
INFORMATION DISCLOSURE				Filing Date	October 26, 2001	
STATEMENT BY APPLICANT			ANT	First Named Inventor	Neofytides, Cheryl L.	
				Art Unit	3692	
(Use as many sheets as necessary)				Examiner Name	Dass, Harish T.	
Sheet	1	of	3	Attorney Docket Number	020375-000210US	

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Examiner Signature	/Harish Dass/	Date Considered	02/02/2008
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Applicant's unique citation designation number (optional). Applicant is to place a check mark here if English language Translation is attached.

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(Use as many sheets as necessary)				Examiner Name	Dass, Harish T.
Sheet	2	of	3	Attorney Docket Number	020375-000210US

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		NON PATENT LITERATURE DOCUMENTS	
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
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(Use as many sheets as necessary)				Examiner Name	Dass, Harish T.	
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